

WORKFORCE CANDIDATE PROFILE

☐ Journey Person ☐ Skilled Laborer ☐ Unskilled Laborer ☐ Apprentice

NAME:

ADDRESS:

CITY: Washington

STATE: DC

ZIP CODE:

WARD: Please Select

HOME PHONE:

CELL PHONE:

EMAIL:

DATE OF BIRTH:

☐ MALE

☐ FEMALE

U.S CITIZEN: ☐ YES ☐ NO

PERMANENT RESIDENT: ☐ YES ☐ NO

IF OTHER, PLEASE SPECIFY:

EDUCATION:

☐ HIGH SCHOOL DIPLOMA

☐ GED CERTIFICATE

☐ SOME COLLEGE EDUCATION

☐ COLLEGE GRADUATE

REGISTERED FOR SELECTIVE SERVICES: ☐ YES ☐ NO

PRE-APPRENTICE TRAINING: ☐ YES ☐ NO

LIST CERTIFICATION:

OSHA CERTIFIED: ☐ YES ☐ NO

SECURITY CLEARANCE: ☐ YES ☐ NO

IF YES, PLEASE SPECIFY THE LEVEL OF CLEARANCE:

UNION MEMBER: ☐ YES ☐ NO

REGISTERED WITH FIRST SOURCE OF D.O.E.S: ☐ YES ☐ NO

TRANSPORTATION:

☐ PERSONAL VEHICLE

DO YOU HAVE A VALID DRIVER'S LICENSE ☐ YES

☐ NO

☐ PUBLIC TRANSPORTATION

☐ OTHER, EXPLAIN

COMPLETE HERE IF YOU ARE A JOURNEY PERSON

Journey Person Experience: Trade division(s)

Years experience, if any

COMPLETE HERE IF YOU ARE AN APPRENTICE CANDIDATE

Apprentice candidate: Trade area(s) of interest Years experience, if any

COMPLETE HERE IF YOU ARE A SKILLED LABORER

Skilled laborer: Trade area(s) of interest Years experience, if any

List tolls used:

DESCRIPTION OF EXPERIENCE OR RESUME (Please List or Copy and Paste)

REFERRED WDO:

WDO RECOMMENDATION:

EMPLOYER INCENTIVES: Information in this section will be provided to employers for tax incentive purposes.

Are you a Welfare to Work Candidate: Yes ____ No ____

Are you a Veteran: Yes ____ No ____

Were you referred by Vocational Rehabilitation Services: Yes ____ No ____

Are you an 18 – 24 year old Food Stamp Recipient: Yes ____ No ____

Are you an SSI Recipient: Yes ____ No ____

Are you an Ex-Offender: Yes ____ No ____

Are you a Low Work Release Inmate: Yes ____ No ____

Are you a District Resident 16 to 24 years from an Enterprise Zone Community: Yes ____ No ____